

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90116 016 ****61.25

DOCUMENT # 762568

1. Entity Name
BRIARWOOD CLUB OPERATING ASSOCIATION, INC.



Principal Place of Business
**3465 BROKEN WOODS DRIVE
CORAL SPRINGS, FL 33065**

Mailing Address
**3465 BROKEN WOODS DRIVE
CORAL SPRINGS, FL 33065**

50016385



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2186818

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DECKER, WILLIAM
9101 W. SAMPLE RD.
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name
Robert Balfour
Street Address (P.O. Box Number is Not Acceptable)
3535 Broken Woods Dr.
Coral Springs fl. 33065
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Balfour

Robert Balfour

4/17/06

Signature of registered agent (required only if changing)

Signature of agent (required only if changing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MANION, JAMES**
STREET ADDRESS **3575 BROKENWOODS DR**
CITY ST ZIP **CORAL SPRINGS, FL 33065**

TITLE **V** ☒ Delete
NAME **DECKER, WILLIAM**
STREET ADDRESS **3575 BROKEN WOODS DR.**
CITY ST ZIP **CORAL SPRINGS, FL 33065**

TITLE **D** ☐ Delete
NAME **HOPCROFT, MARY**
STREET ADDRESS **3475 BROKENWOODS DR**
CITY ST ZIP **CORAL SPRINGS, FL 33065**

TITLE **D** ☒ Delete
NAME **ANDERSON, MARGUERITE**
STREET ADDRESS **3475 BROKEN WOODS DR.**
CITY ST ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Robert Balfour**
STREET ADDRESS **3535 Broken Woods Dr.**
CITY ST ZIP **Coral Springs fl. 33065**

TITLE **Sd** ☒ Change ☐ Addition
NAME **Mary Hopcroft**
STREET ADDRESS
CITY ST ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Gregory Szczepankiewcy**
STREET ADDRESS **9101 W. Sample Rd.**
CITY ST ZIP **Coral Springs Fl. 33065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Balfour

4/17/06 Robert Balfour

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING